

Kitsap Community Resources Agency Volunteer Application-Christmas Angel

Name: _____ *Male: ____ Female: ____
Last First Middle
 Address: _____ City: _____ State: ____ Zip: _____
 Phone (Cell) _____ Okay to text: Yes ___ No ___ Phone (Other) _____
 E-mail: _____ *Date of Birth: _____

**Male/Female and birthdate information are used to verify identity for background checks.*

Do you have any physical limitations that would require accommodations?

Yes No If yes, please specify: _____

Please list any times you would be available to volunteer for this program (can leave blank and update later if needed):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
11/26/18 (Set Up 12-4)	11/27/18 (Set Up 10-4)	11/28/18 (Set Up 10-4)	11/29/18 (Set Up 10-4)	11/30/18 (Set Up 10-4)	SANTA SHOP CLOSED
12/3/18 (Santa Shop 9-7)	12/4/18 (Santa Shop 9-7)	12/5/18 (Santa Shop 9-4)	12/6/18 (Santa Shop 9-4)	12/7/18 (Santa Shop 9-4)	12/8/18 (Santa Shop 8-12)
12/10/18 (Santa Shop 9-7)	12/11/18 (Santa Shop 9-7)	12/12/18 (Santa Shop 9-4)	12/13/18 (Santa Shop 9-4)	12/14/18 (Santa Shop 9-4)	12/15/18 (Santa Shop 8-12)
12/17/18 (Santa Shop 9-7)	12/18/18 (Santa Shop 9-7)	12/19/18 (Santa Shop 9-4)	12/20/18 (Santa Shop 9-4)	12/21/18 (Santa Shop 9-4)	SANTA SHOP CLOSED

How many hours do you want to help during the Christmas Angel program?: _____ Weekly.

We typically schedule volunteers for 3 hour shifts. Please tell us if you want longer or shorter shifts.

Are you interested in volunteering with KCR after the holidays? Yes ___ Not at this time ___

KCR USE ONLY

ORIENTATION PACKET	DATE COMPLETE
BACKGROUND CHECK TO HR	DATE TO HR
BACKGROUND CHECK CLEAR	CLEAR _____ NO _____
DATE RECEIVED	

Personal Information (Optional-Used for statistical purposes only)

Gender: Male Female

Race: White Black/African American Asian Multi-Racial

American Indian/Alaskan Native Native Hawaiian/Pacific Islander

Ethnicity: Hispanic Yes No

Are you disabled? Yes No If yes, please briefly state your disability.

It is Kitsap Community Resources policy not to discriminate on the basis of age, color, creed, disability, family status, gender, marital status, national origin, political affiliation, race, religion, sex or veteran status.

INFORMATION CERTIFICATION/AUTHORIZATION TO RELEASE INFORMATION/AGREEMENT

I certify the information given in this Application is true and complete to the best of my knowledge. I authorize Kitsap Community Resources to make inquiry of my former employers or references as to my experience, job suitability and/or reasons for leaving. I understand that making false statements on this Application, omission of information or misrepresentation will be sufficient cause for dismissal from KCR service. I agree to hold harmless Kitsap Community Resources and any company and/or individual(s) for information they may release in regard to this Application.

I understand that Kitsap Community Resources is obligated to fulfill requirements of the Child/Adult Information Abuse Ace (1987) and volunteer acceptance is contingent upon a satisfactory background check through the Washington State Patrol.

This application shall be considered active for a period of time not to exceed 90 days.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any volunteer relationship with this organization is of an 'at will' nature, which means that they I may resign at any time and KCR may discharge volunteers at any time. It is further understand that this maybe not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Executive Director of Kitsap Community Resources.

Volunteer Signature

Date

KCR Early Learning and Family Services
Head Start/Early Head Start/ECEA Programs

APPLICANT DISCLOSURE FORM

Pursuant to Chapter 486, Washington State Laws of 1987 and Federal Regulation 45 CFR

Child/Adult Abuse Information Act

Applicants for Employment and positions that will or may have unsupervised access to children or developmentally disabled persons must complete this form. In addition, background inquiries on these matters may be made to the Washington State Patrol, or to other state or federal law enforcement agencies. Information obtained from an applicant's disclosure statement or from these background inquiries do not necessarily prevent employment. This information will be considered in determining the applicant's character, suitability, and competence to perform and may result in a denial of employment. Applicants must sign a release authorizing the background inquiry. Failure to do so, or to provide the disclosure statement, shall prevent the applicant from employment in these positions.

Answer YES or NO to each listed item. If the answer is yes to any item, explain in the area provided, indicating the charge or finding, the date, and the court(s) involved.

1. Have you ever been convicted of any crimes against persons as defined in Section 1 of Chapter 486, Laws of 1987, and listed as follows: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree rape; first, second, or third degree statutory rape; first or second degree robbery; first or second degree manslaughter; first degree arson; first degree burglary; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment?

___ NO ___ YES, explain below

2. Have you ever been found in any dependency action under RCW 13.34.040 (2) (b) to have sexually assaulted or exploited and minor or to have physically abused any minor?

___ NO ___ YES, explain below

3. Have you ever been found by a court in a domestic proceeding under Title 26 RCW to have sexually abused or exploited and minor or to have physically abused any minor?

___ NO ___ YES, explain below

4. Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?

___ NO ___ YES, explain below

Pursuant to RCW 9A. 72. 085, I certify under penalty of perjury under the law of the State of Washington that the foregoing is true and correct.

Applicant's Name (**PRINT**) _____ Applicant Signature _____
First Middle Last

Address _____
state zip

Birth Date _____ Witness (Non-Relative) _____